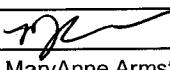


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
Fee Transmittal For FY 2009		Application Number	10/524,104-Conf. #3834
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	February 10, 2005
		First Named Inventor	Birkir SVEINSSON
		Examiner Name	S. X. Wen
		Art Unit	1644
TOTAL AMOUNT OF PAYMENT		(\$) 825.00	Attorney Docket No.
			3535-0138PUS1

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 02-2448		Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION																																			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																			
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES																														
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)																												
Utility	330	165	540	270	220	110	_____																												
Design	220	110	100	50	140	70	_____																												
Plant	220	110	330	165	170	85	_____																												
Reissue	330	165	540	270	650	325	_____																												
Provisional	220	110	0	0	0	0	_____																												
2. EXCESS CLAIM FEES																																			
Fee Description																																			
Each claim over 20 (including Reissues) Fee (\$) Small Entity 52 26																																			
Each independent claim over 3 (including Reissues) Fee (\$) Small Entity 220 110																																			
Multiple dependent claims Fee (\$) Small Entity 390 195																																			
<table border="1"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td colspan="3">Multiple Dependent Claims</td> </tr> <tr> <td>8</td> <td>- 20 or HP</td> <td>0</td> <td>26.00</td> <td colspan="3">0.00</td> </tr> <tr> <td colspan="4">HP = highest number of total claims paid for, if greater than 20.</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td>195.00</td> </tr> <tr> <td colspan="4"></td> <td>195.00</td> <td>0.00</td> <td>_____</td> </tr> </table>								Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			8	- 20 or HP	0	26.00	0.00			HP = highest number of total claims paid for, if greater than 20.				Fee (\$)	Fee Paid (\$)	195.00					195.00	0.00	_____
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims																															
8	- 20 or HP	0	26.00	0.00																															
HP = highest number of total claims paid for, if greater than 20.				Fee (\$)	Fee Paid (\$)	195.00																													
				195.00	0.00	_____																													
HP = highest number of independent claims paid for, if greater than 3.																																			
3. APPLICATION SIZE FEE																																			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																			
<table border="1"> <tr> <td>Total Sheets</td> <td>Extra Sheets</td> <td>Number of each additional 50 or fraction thereof</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>_____</td> <td>- 100 =</td> <td>/50 = _____ (round up to a whole number) x _____</td> <td>=</td> <td>_____</td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	_____	- 100 =	/50 = _____ (round up to a whole number) x _____	=	_____																		
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																															
_____	- 100 =	/50 = _____ (round up to a whole number) x _____	=	_____																															
4. OTHER FEE(S)																																			
Non-English Specification, \$130 fee (no small entity discount) Fee (\$) 270.00																																			
Other (e.g., late filing surcharge): 2401 Notice of appeal Fee (\$) 555.00																																			
2253 Extension for response within third month Fee (\$) 555.00																																			

SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	40,069	Telephone (703) 205-8000
Name (Print/Type)	MaryAnne Armstrong		Date	September 21, 2009	